ASD

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Oncology Hematology Centers of Atlanta, P.C.
c/o Raquel M. Gayle
600 Peachtree St., Ste. 5200
Atlanta, GA   30308**

1:05 cv 591 (Cmp + summs 20 days)

2. Article Number
   (Transfer from service label)   **7000-0520-0023-2401-7199**

PS Form 3811, March 2001   Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)   B. Date of Delivery

C. Signature

X   ☐ Agent
                                         ☐ Addressee

D. Is delivery address different from item 1?   ☐ Yes
   If YES, enter delivery address below: ☐ No

3. Service Type
   ☑ Certified Mail   ☐ Express Mail
   ☐ Registered   ☑ Return Receipt for Merchandise
   ☐ Insured Mail   ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)   ☐ Yes

102595-01-M-1424